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2043

ARREST / NOTICE TO APPEAR

1 Arrest 2 N.T.A. 3. Request for Warrant 4. Request for Capias

1

JUVENILE

AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500700		Agency Name Riviera Beach Police Department		Agency Report Number (N.T.A.'s only) 8 4 22-08042														
D E F E N D A N T	Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type UNARMED		Multiple Clearance Indicator 01																
	Location of Arrest (Including Name of Business) 3700 N OCEAN DRIVE Riviera beach FL 33404				Location of Offense (Business Name, Address) 3700 N OCEAN DR, RIVIERA BEACH, FL 33404																
Date of Arrest 11/19/2022		Time of Arrest 18:19		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
Name (Last, First, Middle) CATE, ASHLEY NICOLE										Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:											
Race W - White B - Black		Sex F		Date of Birth 03/17/1992		Height 5'01		Weight 135		Eye Color BLUE		Hair Color BLONDE /		Complexion LIGHT		Build Small					
Local Address (Street, Apt. Number) 998 OAKGROVE ROAD, BENTON, TN 37307										Phone (423) 715-1286		Residence Type: 1. City 2. County 3. Florida 4. Out of State 4									
Permanent Address (Street, Apt. Number) 998 OAKGROVE ROAD, BENTON, TN 37307										Phone (423) 715-1286		Address Source									
Business Address (Name, Street) /										Phone		Occupation									
D/L Number, State /		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) ATHENS, TN, United				Citizenship US											
Co-Defendant Name (Last, First, Middle)										Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile					
Co-Defendant Name (Last, First, Middle)										Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile					
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian Name (Last, First, Middle)										Residence Phone											
Address (Street, Apt. Number) /										(City)		(State)		(Zip)		Business Phone					
Notified by (Name)										Date		Time		JUVENILE DISPOSITION <input type="checkbox"/> 1. Handled/Processed with Department and Released <input type="checkbox"/> 2. TOT JAC <input type="checkbox"/> 3. Incarcerated							
Released To (Name)										Relationship		Date		Time		<input type="checkbox"/> 1. Handled/Processed with Department and Released <input type="checkbox"/> 2. TOT JAC <input type="checkbox"/> 3. Incarcerated					
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.										School Attended		Grade		<input type="checkbox"/> Yes by: <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Drug Activity: N N/A, P Possess, S Sell, B Buy, T Traffic, R Smuggle, D Deliver, E Use, K Disperse/Distribute, M Manufacture/Produce/Cultivate, Z Other Drug Type: N N/A, A Amphetamine, B Barbiturate, C Cocaine, E Heroin, H Hallucinogen, M Marijuana, O Opium/Deriv, P Paraphernalia/Equipment, S Synthetic, U Unknown, Z Other										Drug Type		B Barbiturate		H Hallucinogen		P Paraphernalia/Equipment		U Unknown		Z Other	
Charge Description BATTERY-SIMPLE (TOUCH OR STRIKE)										Statute Violation Number 784.03(1)(A)(1)		Violation of ORD # NO BOND									
Drug Activity		Drug Type		Amount / Unit		Offense # 22-08042		Counts <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond							
Charge Description										Statute Violation Number		Violation of ORD #									
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond							
Charge Description										Statute Violation Number		Violation of ORD #									
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond							
Health / Apparent Physical Condition of Defendant										Any knowledge of the following <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:											
Check which applies <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released in Parent/Guardian <input type="checkbox"/> T.O.T. County Jail										PROPERTY - Received By		Released By		Released to							
Transported By										Date Transported		Time Transported		Other							
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.										Location (Court, Room)		Court Date and Time		<input type="checkbox"/> No Photo Available							
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.										Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed									
HOLD by Other Agency NO DETAINER										Signature of Arresting Officer [Signature]		# 5607		Name Verification (Printed by Arrestee)							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Released Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) RAMSEY, W. A.		ID # 5627		(PRINT)		PAGE 1 OF 1											
Make Down [Signature]		ID # [Signature]		Pouch #		Transporting Officer C. Topping		ID # 6427		Agency RBPB		Witness here if subject signed with an "X"									

PROBABLE CAUSE AFFIDAVIT

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias

1

JUVENILE

OBTS Number	Agency ORI Number FL FL0500700		Agency Name Riviera Beach Police Department	Agency Report Number 8 4 22-08042
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Special Notes

Name (Last, First, Middle) CATE, ASHLEY NICOLE	Alias	Race W	Sex F	Date of Birth 03/17/1992
Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)	Charge Description	Charge Description	Charge Description	Charge Description

Victim's Name (Last, First, Middle) PETERSON, DYLAN J	Race W	Sex M	Date of Birth 06/20/1991
Local Address (Street, Apt. Number) 998 OAKGROVE ROAD, BENTON, TN 37370-7	(City)	(State)	(Zip)
Phone (423) 715-1286	Address Source		
Business Address (Name, Street)	(City)	(State)	(Zip)
Phone	Occupation		

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law

The Person taken into custody . . .

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 19 day of November, 2022 at 17:33 (Specifically include facts constituting cause for arrest.)

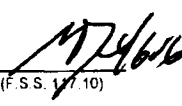

In the City of Riviera Beach, Palm Beach County Florida, the following incident occurred:

On Saturday, November 19, 2022, I responded to 3700 North Ocean Drive (Hilton) Room# 729 in reference to a Domestic Disturbance call. Upon arrival, I was met by Managment who stated that the guest's in the above room was observed to be fighting and arguing.

I then met with Mr. Dylan Peterson (W/M 06-20-1991) who was in the hallway by the elevator (7th Floor). Peterson stated that his girlfriend of 8 years, Ashley Cate (W/F 03-17-1992) physically attacked him by biting his left arm, right shoulder and scratched his neck. Peterson stated that they were verbally arguing about food when Cate started to scratch and bite him. Peterson stated that he did not hit Cate, but pushed her away from him while he was trying to leave. I observed numerous bite marks on Petersons right shoulder and left arm, there were scratches on Petersons neck area, Photo's were taken and will be uploaded into evidence.

I then spoke to Cate inside of room 729. Cate was visibly intoxicated and her speech was slurred. Cate stated that Peterson grabbed her by her neck and started to throw her around the room. I did not see any visible injuries to Cate. Cate was unable to tell why she and Peterson was arguing. Cate stated that Peterson has physically abused her in the past, no police was involved.

At this time I believe that probable cause exists to charge Ashley Cate with (1) count of Domestic Battery. Cate was transported to Riviera Beach Police Department for processing and was later turned over to the Palm Beach County Jail.

SWORN AND SUBSCRIBED BEFORE ME		 #5627
DODSON, MICHAEL W NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 177.10)		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
<u>11/19/2022</u> DATE		RAMSEY, WORRELL A (5627) NAME OF OFFICER (PLEASE PRINT)
		<u>11/19/2022</u> DATE
		PAGE 1 OF 1

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 11/19/2022 18:14		Agency ORI Number FL FL0500700		Agency Name Riviera Beach Police Department		Agency Report Number 8 4 22-08042		
	Name (Last, First, Middle) CATE, ASHLEY NICOLE						Race W	Sex F	Date of Birth 03/17/1992
Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)									
V I C T I M	Victim's Name (Last, First, Middle) PETERSON, DYLAN J						Race W	Sex M	Date of Birth 06/20/1991
	Local Address (Street, Apt. Number) (City) (State) (Zip) 998 OAKGROVE ROAD, BENTON, TN 37370-7				Phone (423) 715-1286		Address Source		
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation		


DEFENDANT'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input type="checkbox"/>	Oral <input checked="" type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):
VICTIM'S STATEMENTS:	Written <input type="checkbox"/>	Taped <input type="checkbox"/>	Oral <input checked="" type="checkbox"/>	

RELATIONSHIP BETWEEN VICTIM & SUSPECT
BOYFRIEND/GIRLF

PHOTOGRAPHS:	Scene:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
	Victim:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
	911 CALL:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	CALLER: HOTEL MANAGER
WEAPON USED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE:
WITNESSES:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)
INJURIES:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MEDICAL TREATMENT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
AT:	Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS:
	Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:
ACT COMMITTED IN PRESENCE OF MINOR(S):		<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:
H. R. S. NOTIFIED:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
VICTIM PREGNANT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
VIOLATION OF RESTRAINING ORDER:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:
PRIOR HISTORY OF DOMESTIC VIOLENCE:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
ALCOHOL OR DRUGS INVOLVED:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, 19th personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.


SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 19 day of November, 2022

DODSON, MICHAEL W
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (S. 784.048)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense
- Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.)

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report 22-08042 Agency Riviera Beach Police Department
Offense: Simple Battery (Domestic)
Suspect/Offender: Cate Ashley Nicole
D. O. B.: 03-17-1992 Race: W Sex: F

2. Warrant #(s): _____

3. Complete one (1) of the following:

a. Victim's Name: Peterson Dylan
Address: 998 OakGrove Road
City: Benton State: TN Zip: 37307
Home #: 423 715 1286 Work #: _____ Other: _____

b. Victim's next of kin: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work # _____ Other: _____

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

4. Relevant identification or case numbers assigned to the case (please _____

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: W. Ramsey  I.D. # 5627 Date: 11-19-2022

SUSPECT/OFFENDER

Cate

Ashley

COURT CASE/WARRANT#

(FOR WARRANTS USE ONLY)



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2022030069	Date: 11/20/2022
	Specialist Name/ID: Chantel Daniels/30347